

<b>OFFICIAL USE ONLY</b>  <b>Receipt No.</b> <hr/> <b>Fees</b> <hr/> <b>Posted</b> <hr/> <b>Class</b> <hr/> <b>Issued</b> <hr/>	<b>STATE OF ARIZONA</b> <b>REGISTRAR OF CONTRACTORS</b>  <b>APPLICATION FOR</b> <b>CONTRACTORS LICENSE</b>  <b>COMMERCIAL</b> <input type="checkbox"/>  <b>RESIDENTIAL</b> <input type="checkbox"/>  <b>DUAL</b> <input type="checkbox"/>  <b>NOTICE:</b> <b>Falsification of any information</b> <b>on this application is a felony</b>	<b>OFFICIAL USE ONLY</b>          
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1. NAME OF BUSINESS: \_\_\_\_\_

Application must be **PRINTED IN BLACK INK** or typewritten. Applicants should confirm the availability of any proposed contracting name with the Registrar of Contractors (Licensing Department) (602) 542-1525, or 888-271-9286, the Secretary of State (Registration Department), and if applying as a corporation or limited liability company, the Arizona Corporation Commission.

2. Place of Business: \_\_\_\_\_  
Street Address, Suite, Apt #

\_\_\_\_\_

City
State
Zip Code

3. Phone No.: \_\_\_\_\_ 4. License Classification Applying for: \_\_\_\_\_

5. Mail Address: \_\_\_\_\_  
Street Address, Suite, Apt. #, P.O. Box

\_\_\_\_\_

City
State
Zip Code

E-mail address

6. To conduct business as (Check One):    Individual    ☐    Partnership    ☐    Corporation    ☐    Limited Liability Company    ☐

7. Name of Qualifying Party: \_\_\_\_\_  
First
Middle
Last Name

8. Qualifying Party is (Check one):    Owner    ☐    Partner    ☐    Corporate Officer    ☐    Member    ☐    Employee    ☐

The personnel listed below shall include, if an individual, the individual applying; if a partnership, all partners; if a corporation, association or other type of organization, the president, vice president, secretary, treasurer, or the equivalent of these officers, if a limited liability company all members. Also list the name, address and title of the Qualifying Party. (Arizona law prohibits a minor from being an individual owner, partner, corporate officer or member on a contractor's license.)

9.

PERSONNEL OF APPLICANT FULL NAME (FIRST, MIDDLE, LAST) If you have no middle name - state "none"			TITLE: Owner; Partner; Corporate President, V.P. Secretary, Treasurer; Member; Qualifying Party	COMPLETE RESIDENTIAL ADDRESS INCLUDING CITY, STATE AND ZIP CODE	DATE OF BIRTH MONTH/DATE/YEAR
FIRST	MIDDLE	LAST			

10. **ARIZONA TRANSACTION PRIVILEGE TAX NUMBER:** \_\_\_\_\_

**IF NOT APPLYING AS A CORPORATION OR LIMITED LIABILITY COMPANY GO TO QUESTION 12.**

11. If applying as a corporation or limited liability company, enclose a photo copy of corporate articles or limited liability company agreement showing the date stamp affixed by the ARIZONA Corporation Commission, designating your corporation file number and date approved. If your corporation is over 6 months old, a certificate of good standing from the ARIZONA Corporation Commission shall be provided in lieu of the corporate articles.

Complete (a) and (b) by listing complete names including middle name (no initials).

(a) List all corporate directors:

First	Middle	Last	Residential Address

(b) List all owners of 25% or more of the stock or beneficial interest of the corporation:

First	Middle	Last	Residential Address	Ownership Percentage

12a. Has any person listed in questions 9 or 11 been convicted of a felony? YES ☐ NO ☐

12b. Has any person listed in questions 9 or 11 been cited for contracting without a license? YES ☐ NO ☐

If yes, provide the full names of all persons convicted of a felony. Please request records release forms from the Licensing Department, which must be submitted with this application. **Note:** Even though a conviction has been vacated, pardoned, expunged, dismissed or appealed, **or** your civil rights have been restored, you are required to answer "YES."

Who: \_\_\_\_\_  
First Middle Last Name

Who: \_\_\_\_\_  
First Middle Last Name

**CANCELLATION OF LICENSE(S) UPON ISSUANCE OF NEW LICENSE(S)**

13. I, We hereby request voluntary cancellation of license #(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, issued to \_\_\_\_\_

at the time that (a) new license(s) is issued to \_\_\_\_\_

(A corporate contractors license shall be cancelled upon the written request signed by the president or secretary of the corporation.)

(A limited liability company shall be cancelled upon the written request signed by a member.)

(Request to cancel a partnership license shall be signed by any partner.)

(Request to cancel a sole proprietorship shall be signed by the individual owner.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

14. Has any person listed in questions 9 or 11 ever been on a contractor's license issued by Arizona or any other state? YES ☐ NO ☐  
Have you been on a license in Arizona or any other state that has been disciplined? YES ☐ NO ☐ If yes, complete the following:

Who: \_\_\_\_\_ Company: \_\_\_\_\_  
First Middle Last Name

State: \_\_\_\_\_ License Type: \_\_\_\_\_ Status of license: \_\_\_\_\_

Type of disciplinary action (if any): \_\_\_\_\_

Who: \_\_\_\_\_ Company: \_\_\_\_\_  
First Middle Last Name

State: \_\_\_\_\_ License Type: \_\_\_\_\_ Status of license: \_\_\_\_\_

Type of disciplinary action (if any): \_\_\_\_\_

If more space is needed attach separate sheet.

**\*\*\* IMPORTANT MESSAGE \*\*\***

15. A.R.S. §23-902 requires that your business must have Workers' Compensation Insurance if you employ any person. Furthermore, A.R.S. §32-1122 B.1(i), states the qualifications for obtaining a new license or renewing an existing license includes: "Proof that the applicant has complied with the statutes or rules governing Workers' Compensation Insurance.

Please review the following: Check and SIGN, the status that applies OR check and **SUBMIT** the appropriate **COPY OF CERTIFICATE OR INSURANCE STATEMENT SHOWING POLICY NUMBER AND EFFECTIVE DATE**. If you do not, we will conclude that your business does not intend to comply with the law and thus your application will not be processed.

☐ Applicant will secure a "Resolution of Authorization" from the Industrial Commission of Arizona to act as a self-insurer for payment of Worker's Compensation benefits to its employees pursuant to Title 23, Chapter 6, A.R.S. §23-961.A.2. **(COPY OF CERTIFICATE MUST BE ATTACHED AND SUBMITTED ALONG WITH APPLICATION).**

☐ Applicant will comply by insuring and keeping insured for payment of such compensation with an insurance carrier authorized by the director of insurance to write Worker's Compensation Insurance in this state, pursuant to Title 23, Chapter 6, A.R.S. §23-961.A.2. **(COPY OF CERTIFICATE MUST BE ATTACHED AND SUBMITTED ALONG WITH APPLICATION).**

☐ Applicant is not presently engaged with work in Arizona, but does agree to comply with Worker's Compensation mandate when work is secured.

Signature X \_\_\_\_\_

☐ Applicant may employ workers who elect to reject the provisions of the statutes or rules governing Workers' Compensation Insurance and will maintain, in their records, a notice in writing that is signed and dated pursuant to Title 23, Chapter 6, A.R.S. §23-906.A.

Signature X \_\_\_\_\_

☐ Applicant is self employed and will not employ workers and therefore is exempt from the statutes or rules governing Workers' Compensation.

Signature X \_\_\_\_\_

**THIS DOCUMENT AVAILABLE IN ALTERNATIVE FORMATS BY CALLING  
(602) 542-1525; TDD (602) 542-1588  
PURSUANT TO THE AMERICANS WITH DISABILITIES ACT.**

## VERIFICATION

**I (WE) THE UNDERSIGNED HEREBY APPLY FOR A CONTRACTOR'S LICENSE AND VERIFY UNDER PENALTY OF LAW THAT ALL THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF.**

### INSTRUCTIONS FOR SIGNING

AN APPLICATION FOR AN INDIVIDUAL OWNER must be signed by the Owner and by the Qualifying Party if the Owner elects not to qualify himself.

<b>INDIVIDUAL</b>	<hr/> Signature of Owner Date	<hr/> Signature of Qualifying Party Date
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A PARTNERSHIP APPLICATION must be signed by EACH member of the partnership and by the Qualifying Party if the Qualifying Party is not a member of the partnership.

<b>PARTNERSHIP</b>	<hr/> Signature of Partner Date	<hr/> Signature of Partner Date
	<hr/> Signature of Partner Date	<hr/> Signature of Partner Date
	<hr/> Signature of Partner Date	<hr/> Signature of Qualifying Party Date

A CORPORATE APPLICATION must be signed by the PRESIDENT and SECRETARY and by the Qualifying Party if the Qualifying Party is not the President or Secretary.

<b>CORPORATION</b>	<hr/> Signature of President Date	<hr/> Signature of Secretary Date
	<hr/> Signature of Qualifying Date	

A LIMITED LIABILITY COMPANY APPLICATION must be signed by all MEMBERS of the company and by the Qualifying Party if the Qualifying Party is not a member of the company.

<b>LIMITED LIABILITY COMPANY</b>	<hr/> Signature of Member Date	<hr/> Signature of Member Date
	<hr/> Signature of Member Date	<hr/> Signature of Member Date
	<hr/> Signature of Member Date	<hr/> Signature of Qualifying Party Date